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54640 7590 11/04/2008 PERRY + CURRIER INC. 1300 YONGE STREET			I her State addr	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
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				L Ammo	RNEY DOCKET NO.	CONFIRMATION NO.	
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR	<u>`</u>		8128	
10/748,329 12/31/2003			Edgar Matias	Edgar Matias			
TITLE OF INVENTION: ADJUSTABLE CUSHIONING SYSTEM FOR CARRYING CASE							
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ADDVN TVDE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
APPLN. TYPE nonprovisional	YES	\$755	\$300	\$0	\$1055	02/04/2009	
	MINER	ART UNIT	CLASS-SUBCLASS]			
PICKETT, JOHN G		3728	206-320000	,			
	dence address or indication	n of "Fee Address" (37	2. For printing on the p	2. For printing on the patent front page, list			
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 Perry + Currier Inc. 3 Stephen J. Perry				
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, no assignee is identified below, no assignee as identified below.							
) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
The Matias Corporation			Vaughan, Ontario, Canada				
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
X Issue Fee	•		A check is enclosed.				
	(No small entity discount		The Director is hereb	 □ Payment by credit card. Form PTO-2038 is attached. □ The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3750 (enclose an extra copy of this form). 			
5. Change in Entity Status (from status indicated above) \[\begin{align*} \text{L a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27(g)(2). \\ \begin{align*} \text{L b. Applicant is no longer claiming SMALL ENTITY status, See 37 CFR 1.27(g)(2). \\ \text{L b. Applicant is no longer claiming SMALL ENTITY status, See 37 CFR 1.27(g)(2). \\ \text{L b. Applicant is no longer claiming SMALL ENTITY status, See 37 CFR 1.27(g)(2). \\ \text{L b. Applicant is no longer claiming SMALL ENTITY status.} \]							
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Authorized Signature Staph			Date <u>January 28, 2009</u>				
Typed or printed na	me <u>Stephen</u> J	. Perry	Registration No. 32, 107				
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